

**Community Stakeholder Group Meeting
Second District STD Control Plan
700 Exposition Park Drive ?LA, CA 90037
October 5, 2012 ?9:00am-12pm**

Meeting Minutes

Goal:	Build relationship and community to reduce sexually transmitted infections among African American/Black and Latino youth through community engagement and partnership with government. This meeting, the community will begin to create a governing force that will efficiently communicate community recommendations and insure that the community voice is reflected in the D2STDCP.
Objectives:	<ol style="list-style-type: none"> 1. Obtain a baseline for community's perception of its power/influence on the D2STDCP 2. Share/discuss the reports produced by CDC and Wake Forest regarding the plan 3. Community will define power, among other terms as they relate to the D2STDCP 4. Community will decide on communication protocol to document suggestions and effectively relay suggestions to improve D2STDCP
Facilitator:	Black Women for Wellness

1. Breakfast, Registration, Networking

2. Welcome by Janette Robinson-Flint (Black Women for Wellness)

Janette welcomed the attendees to the meeting, discussed the importance of Justice and shared two charts; one that displayed the Gonorrhea rates of females in Los Angeles county and the other the Chlamydia rates of females in Los Angeles county. The charts provided a poignant visual of the STI (sexually transmitted infection) problem, specifically Chlamydia and Gonorrhea that is pervasive in our community. It illustrated the health disparity our community struggles with. African Americans and Latinas have the highest rates of both STIs. For instance, Black Women ages 15-24: Chlamydia rate is 8,751.3 per 100,000 and Latina rate for the same age group is 1,772.8 per 100,000. The charts were taken from Dr. Peter Kerndt's presentation. You are encouraged to take a look at this presentation (charts begin on page 9). You may access the presentation with this link:

<https://docs.google.com/open?id=1MtgeC9JuJ7eF7tLyYJnNm1kgZXkCJmSK4uHGCHmL6a5dl-iRE8yMVA8XXblG>

Jan then introduced Dr. Jorge Montoya who briefly explained and took a power assessment survey to obtain a baseline of the amount of power/influence that the community feels it has on the D2STDCP.

3. Introduction of Video Project - Echo Zen (CFHC)

Echo Zen who works with public affairs at CFHC also Handles reproductive outreach program at UCLA. Does outreach with planned parenthood and other organizations. Introduced a video project that we would like to do of the members of the CSG. In response to a continuous call for knowing who is in the room at these meetings, a 3 minute highlight of two organizations was added to the agenda for each meeting. Often times, the highlights go beyond 3 minutes and there is no real like record of the organizations. So to remedy this, BWW and CFHC came up with the idea to put the 3 minute highlights in video. Not only does this restrict the 3 minute highlight to 3 minutes, it provides a video for the community based organizations to keep for their own use (put on website, show at events, youtube channel, etc.) as well as introduces an interesting dynamic to the csg meetings and is accessible to meeting attendees. The links below are two wonderful works of Echo Zen! To set up your appointment for a video, please contact Onyenma: onyenma@bwwla.com.

Echo Zen Videos:

Why I Love My LARC <http://www.youtube.com/watch?v=TVwKZ4P52w0>

Why We Do Vagina Monologues http://www.youtube.com/watch?v=tyPZ_-AZxBw

Jan Highlighted the benefits to participating in this project by sharing a past experience in China for the World Conference on Women which allowed the women from around the world to see what different women were doing. She mentioned that it allowed for wide information sharing and delivered each group's message worldwide. Jan stated that, one strategy for sharing resources within our community is to put it on dvd, web, social media so we can see it, people can learn about the work that we do even if we are not in the same room. People can have the opportunity to reference it when seeking out an organization.

4. Sharing Reports and Discussing Opportunities Presented [CDC & Wake Forest reports] - Mario Perez (DHSP) & Janette Robinson Flint (BWW)

Started by encouraging the attendees to read the two reports and providing a quick overview of the role within public health in response to the findings consistent with the two reports on how the department is doing its job. He shared his embarrassment. He shared that, public health has approximately 40 programs charged with a few things including the health of LA County residents which they carry out in a number of ways. The division of HIV/STD Programs (DHSP) is on of the subsections of the public health department that is tasked with HIV and STD control. He shared that this department manages a budget of approximately 100 million dollars that mostly comes from federal and state partners so that LA County has more resources to respond to either HIV or STDs. He talked of the imbalance of spending which favors HIV.

He then shared a few parts of the reports that jumped out at him. Stated that this is supposed to be a community approach but in order for the community to be

effective, the community must understand the structure and the perception of an imbalance of power can not persist. He shared that the CDC did walk away with a good understanding of the components but outlined a concern about the community and how they are not used by the community. He went on to discuss the wake forest report. Wake Forest is the independent evaluator for the project. From his visit, he walked away with a serious imbalance of power. He stated that we have a lot of work to do, he has a lot of ideas, but will his bold ideas share later! He challenged the group to start by deciding what the goal of the initiatives are... The reports state different goals. He suggested that we regroup! He encouraged candid and honest conversations and reiterated that we need to dramatically regroup possibly start over.

Jan: stressed the importance of the attendees to read and analyze the report to determine what it means to them. Then Introduced Mr. Malcolm Harris discuss power dynamics. She shared that 13 years ago we had this problem, so it is obvious that our approach is not working.

5. Power Assessment Discussion - Malcolm Harris (S.E.I.U. - ULTCW)

Mr. Harris begins by introducing himself. He is an organizer. For the last 10 years he has worked for the S.E.I.U as a union organizer. Before that he was a community organizer for the AMASSI Center and Black Men's Exchange doing organizing work around health and wellness issues of African descended communities in South Los Angeles. Shared that he would like to have as honest a conversation as possible. Asked community to share definitions of power and what power looks like.

Community responses:

- Ability to implement ideas
- Control
- Making decisions about others
- Making decisions for self
- Information
- Ability to carry out ideas
- Structural changes in communication
- Control over resources
- Ability to influence
- Manipulation

He briefly discussed the responses provided by community members. Reminded us that we have an opportunity presented to us, to really have a community driven process but it doesn't seem to be happening based on the reports. He posed the questions: What's happening now, the present when it comes to the ability to move a real community driven process? What are some of the issues that have been coming up?

Community responses:

- Lack of trust
- Jealousy between organizations as well as with the county
- Lack of collaboration
- Incomplete information
- Misinformation
- Lack of staffing

- Clear vision of what we see as success
- Sense of agency to promote something as opposed to being reactionary.

Community ownership of project

- community involvement – including those that are directly involved with their communities such as churches, community colleges and such orgs that have direct communication with these types of groups.
- Miscommunication – Clarification: There is a communication problem that keeps the group from coming together as a unified body.
- A more established process is necessary.

Malcolm: Is this the same as what has happened in the past?

Community stated that most if not all of the issues that were described as present issues were also problems in the past.

Malcolm: How many of you all are actually interested in moving this process along? Please raise your hand. Because here we are about 13 years into dealing with these issues-How do we break out of this cycle? How do we deal with the present that is being pushed by the past so that you all can create something that addresses the issues that we are talking about right here. Let me create another context for this. Have you ever heard of the Willie Lynch Letter?

Community: Willie Lynch was a white man who created a mentally divisive as a means to control the slaves. It is masterful because it still works today. It is a deep mental division that was placed in the minds of slaves. Willie Lynch took this to the different slave masters.

Community: Leave the body, take the mind

Malcolm: The Willie Lynch syndrome was created to force the slaves to self regulate without the master present. Willie Lynch can be linked to anything. It can be used to explain how women's minds/lives could be controlled, it can be applied to anything. I mention this because the idea was, once the master was gone, the mind would still be under control. Here we are now, 13 years, 32 years into finding ways to address the present that is still being ruled by the past. How do we break the cycle of Willie Lynch, looking at the history, what needs to happen in order to shift power. We have an opportunity to really build, move and shift power.

Comment: In order to do that, we need to stop looking in the rear view and start focusing on where we want to go. So we must address the issues between county and community, discuss them and move on so that we can address what we are truly here for. We need to establish a new relationship that is not one way. We need look at it as a collaborative effort as opposed to working against each other.

Comment: We need to reach out to those that aren't thinking about these issues and get them in the conversation.

Comment: People become infected due to other things going on in their lives. All of that needs to be taken into consideration. A strategic plan is necessary.

Comment: Use history to see what worked in the past to use it and let go of what failed in the past.

Comment: Framing messages is necessary

Comment: We don't really know our audience. We know the age range and race, but we don't really know who we are dealing with. We need to understand how to

reach them in a way that makes them receptive to the message and make them want to change their behavior. Are we set up to move to the next level? What are the next steps? There is a lack of structure and communication. We need people to know the audience and see how we can help the situation.

Malcolm: In summary of what I think you are saying, the work that we do needs to be culturally relevant. We need to understand what south central is, what it looks like, and that there needs to be a plan to not only address the up front issues but the other stuff as well. The organizations that are committed to doing this work need to be there and not just come in and out.

Looking at this again, this is an opportunity to talk about power, look at 13 years of a cycle that we continue to get caught up in and stop it. How do we try to maintain the level of vigilance while trying to make sure that these cycles don't continue? An opportunity to start to have an honest dialogue about how we can use this opportunity now to build power to build something that will stop these cycles and try to solve the problems that are killing the folks that look like a lot of the people in this room. So I wanted leave this off with the idea of examining our history and the importance of understanding our past so that we can use it to determine our present and move our future forward. Because a lot of why we find ourselves in these cycles is because we tend to forget to take a look at our history. We wind up recreating the same thing and second district continues to bear the brunt of that. Thanks everyone. This conversation will continue.

7. Presentation of Community Stakeholder Structure Options - Nourbese Flint (Black Women for Wellness)

Nourbese described the ad hoc committee, why it was formed/how it came to be and the outcomes from the two ad hoc committee meetings. She reminded the community that they can modify or fully reject what was presented. This is a suggestion of a structure that the community could use.

The Ad Hoc committee met twice since the last CSG about community input around accountability. Out of these meetings came a plan to have a governing board responsible for develop a system of governance, enforcing accountability of decision makers by requiring transparency, acting as direct line of communication between community and decision makers among other responsibilities.

Components proposed for the group were:

- Governing Board
- Workgroup committees
- At large members

The work groups:

- Community Engagement
- Case Management
- School Level Programs
- Public Relations
- Social Marketing
- Expanded Screening
- Financial/Budgeting
- Social Determinants

At Large Members: People not necessarily in the work groups. Includes members of the CSG, youth, 2nd district members, etc.

Question/comment: maybe combine the workgroups

Nourbese: that is an option, we can also decide

Question: Can you go into how the work groups fit into the actual plan? What will the actual work groups be doing?

Nourbese: The first six work groups have been established based on the six components of the CSG. Each work group will focus on each component. The Board will make sure that the recommendations made from each work group be heard by the decision makers.

Jan: What is on the table – we have people who have put money on the table because they are tired of looking at the stats. What they have said is that it cannot come from the outside. It has to come from the community. We can't just test people. There has to be a cultural shift from the community to begin to impact the community. The question becomes, how do we involve the community as stakeholders with power to impact this? We have been having CSGs, but what the evaluators have heard is, we are frustrated. So what our mission today is, to create a structure to create this power – question: what type of structure do we want to create that speaks truth to power?

Black Women for Wellness has taken the responsibility to convene the CSG. But what kind of structure do you want to put in place to communicate with the DPH stakeholders, influence the plan, finances, etc? There needs to be a way for the recommendations to be recorded and there needs to be accountability. This will require an investment of time, Jan said.

Suggestions from CSG:

- ~Too many workgroups were suggested. Some might need to be combined.
- ~One member said she did not understand what the workgroups do.
- ~We might not need to have more meetings. We could restructure our meetings here. ~Workgroup meetings from 9-10, then the larger group meeting.
- ~We need to have action steps plans written down after each meeting to be sure that they are done.
- ~We need to have written recommendations that can be implemented.
- ~We need to know what can and what can't we change in the plan.
- ~There needs to be more informal channels for discussion outside of the CSG meetings. How do we facilitate discussion outside / between of the meetings?

Mario Perez:

Mario Perez then began speaking. He said we need to start all over again. We have focused on epidemiology, but not all of the other issues that impact the problem. We need to have a shared understanding of the problem, and a shared goal for how to address the program. He thinks we need a better understanding of STD perceptions and role of parents, peers, church, etc. How those at risk perceive their risk. What are the perceptions and drivers of this? We need to be experts about how young people consume information. How are STDs controlled currently? How young women access STD services at this point. Who are the providers? Mario wants to stop the plan at this point. He feels that this group does not understand the problem.

Herman then discussed what occurred at the ad hoc meeting. He said that the group was about taking ownership of the plan. What is the County plan versus what is the community plan? How are decisions made that will impact the lives of

people in the community? There is a lot of work happening, but why is it that the bulk of all of the CSG and other meetings is taken up by people from the County talking? Unlike Mario, Herman does not think we need to start all over, but just take a step back, put things down on paper, and make sure that everything occurs in a transparent way. The intention of the ad hoc was to create a governing board, who make decisions on the work plan. The work is already happening, but the community needs to take control and have the County needs to take a back seat. He stressed the need to establish a process.

8. Break!

9. Echo Zen Presentation – Call for organizations to sign up

10. Evaluation & Closing

Jan said that the next meeting in December the organizational structure will be voted on. Harlan passed out his update on the plan. The CSG evaluation was passed out and collected.

Wellness

Black Women for